

B1 (Official Form 1)(04/13)

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|--|---|---|
| <b>United States Bankruptcy Court</b><br><b>Northern District of Illinois</b>  |   | <b>Voluntary Petition</b>   |
| Name of Debtor (if individual, enter Last, First, Middle):<br><b>Hanson, Joel C</b>  |   | Name of Joint Debtor (Spouse) (Last, First, Middle):<br><b>Hanson, Suzanne M</b>  |
| All Other Names used by the Debtor in the last 8 years<br>(include married, maiden, and trade names):  |   | All Other Names used by the Joint Debtor in the last 8 years<br>(include married, maiden, and trade names):   |
| Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN<br>(if more than one, state all)<br><b>xxx-xx-7490</b>   |   | Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN<br>(if more than one, state all)<br><b>xxx-xx-9792</b>  |
| Street Address of Debtor (No. and Street, City, and State):<br><b>552 Wilson Ave.</b><br><b>Glen Ellyn, IL</b><br><div style="text-align: right; font-size: small;">ZIP Code<br/><b>60137</b></div>  |   | Street Address of Joint Debtor (No. and Street, City, and State):<br><b>552 Wilson Ave.</b><br><b>Glen Ellyn, IL</b><br><div style="text-align: right; font-size: small;">ZIP Code<br/><b>60137</b></div>   |
| County of Residence or of the Principal Place of Business:<br><b>DuPage</b>  |   | County of Residence or of the Principal Place of Business:<br><b>DuPage</b>   |
| Mailing Address of Debtor (if different from street address):<br><div style="text-align: right; font-size: small;">ZIP Code</div>  |   | Mailing Address of Joint Debtor (if different from street address):<br><div style="text-align: right; font-size: small;">ZIP Code</div>   |
| Location of Principal Assets of Business Debtor<br>(if different from street address above):   |   |   |
| <b>Type of Debtor</b><br>(Form of Organization) (Check one box)<br><input checked="" type="checkbox"/> Individual (includes Joint Debtors)<br><i>See Exhibit D on page 2 of this form.</i><br><input type="checkbox"/> Corporation (includes LLC and LLP)<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Other (If debtor is not one of the above entities,<br>check this box and state type of entity below.)  | <b>Nature of Business</b><br>(Check one box)<br><input type="checkbox"/> Health Care Business<br><input type="checkbox"/> Single Asset Real Estate as defined<br>in 11 U.S.C. § 101 (51B)<br><input type="checkbox"/> Railroad<br><input type="checkbox"/> Stockbroker<br><input type="checkbox"/> Commodity Broker<br><input type="checkbox"/> Clearing Bank<br><input type="checkbox"/> Other | <b>Chapter of Bankruptcy Code Under Which<br/>the Petition is Filed</b> (Check one box)<br><input checked="" type="checkbox"/> Chapter 7<br><input type="checkbox"/> Chapter 9<br><input type="checkbox"/> Chapter 11<br><input type="checkbox"/> Chapter 12<br><input type="checkbox"/> Chapter 13<br><input type="checkbox"/> Chapter 15 Petition for Recognition<br>of a Foreign Main Proceeding<br><input type="checkbox"/> Chapter 15 Petition for Recognition<br>of a Foreign Nonmain Proceeding  |
| <b>Chapter 15 Debtors</b><br>Country of debtor's center of main interests:<br><br>Each country in which a foreign proceeding<br>by, regarding, or against debtor is pending:   | <b>Tax-Exempt Entity</b><br>(Check box, if applicable)<br><input type="checkbox"/> Debtor is a tax-exempt organization<br>under Title 26 of the United States<br>Code (the Internal Revenue Code).  | <b>Nature of Debts</b><br>(Check one box)<br><input checked="" type="checkbox"/> Debts are primarily consumer debts,<br>defined in 11 U.S.C. § 101(8) as<br>"incurring by an individual primarily for<br>a personal, family, or household purpose."<br><input type="checkbox"/> Debts are primarily<br>business debts.  |
| <b>Filing Fee</b> (Check one box)<br><input checked="" type="checkbox"/> Full Filing Fee attached<br><input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must<br>attach signed application for the court's consideration certifying that the<br>debtor is unable to pay fee except in installments. Rule 1006(b). See Official<br>Form 3A.<br><input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must<br>attach signed application for the court's consideration. See Official Form 3B. |   | <b>Chapter 11 Debtors</b><br>Check one box:<br><input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).<br><input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).<br>Check if:<br><input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates)<br>are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ).<br>Check all applicable boxes:<br><input type="checkbox"/> A plan is being filed with this petition.<br><input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors,<br>in accordance with 11 U.S.C. § 1126(b). |
| <b>Statistical/Administrative Information</b><br><input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors.<br><input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid,<br>there will be no funds available for distribution to unsecured creditors.  |   | THIS SPACE IS FOR COURT USE ONLY  |
| <b>Estimated Number of Creditors</b><br><input type="checkbox"/> 1-49 <input checked="" type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000   |   |   |
| <b>Estimated Assets</b><br><input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion                     |   |   |
| <b>Estimated Liabilities</b><br><input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input checked="" type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion                |   |   |

## Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

**Hanson, Joel C**

**Hanson, Suzanne M**

**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor** (If more than one, attach additional sheet)

Name of Debtor:

**- None -**

Case Number:

Date Filed:

District:

Relationship:

Judge:

### Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

### Exhibit B

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

**X /s/ Derrick B. Hager**

Signature of Attorney for Debtor(s)

**Derrick B. Hager 6286310**

**September 9, 2015**

(Date)

### Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

### Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

### Information Regarding the Debtor - Venue

(Check any applicable box)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

### Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
(Name of landlord that obtained judgment)

\_\_\_\_\_  
(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

# Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

**Hanson, Joel C**

**Hanson, Suzanne M**

## Signatures

### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X /s/ Joel C Hanson**

Signature of Debtor **Joel C Hanson**

**X /s/ Suzanne M Hanson**

Signature of Joint Debtor **Suzanne M Hanson**

Telephone Number (If not represented by attorney)

**September 9, 2015**

Date

### Signature of Attorney\*

**X /s/ Derrick B. Hager**

Signature of Attorney for Debtor(s)

**Derrick B. Hager 6286310**

Printed Name of Attorney for Debtor(s)

**Derrick b. Hager, P.C.**

Firm Name

**1525 Kautz Rd.**

**Suite 400**

**West Chicago, IL 60185**

Address

**Email: dirkhager@sbcglobal.net**

**630-587-7490 Fax: 630-587-7493**

Telephone Number

**September 9, 2015**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X**

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

**X**

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

**X**

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

## Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Hanson, Joel C

Hanson, Suzanne M

### Signatures

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.  
[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.  
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X 

Signature of Debtor **Joel C Hanson**

X 

Signature of Joint Debtor **Suzanne M Hanson**

Telephone Number (If not represented by attorney)

**September 9, 2015**

Date

#### Signature of Attorney\*

X 

Signature of Attorney for Debtor(s)

**Derrick B. Hager 6286310**

Printed Name of Attorney for Debtor(s)

**Derrick b. Hager, P.C.**

Firm Name

**1525 Kautz Rd.**

**Suite 400**

**West Chicago, IL 60185**

Address

Email: [dirkhager@sbcglobal.net](mailto:dirkhager@sbcglobal.net)

**630-587-7490 Fax: 630-587-7493**

Telephone Number

**September 9, 2015**

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X \_\_\_\_\_

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

#### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.

☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

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Signature of Foreign Representative

Printed Name of Foreign Representative

Date

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Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X \_\_\_\_\_

Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Joel C Hanson**  
**Suzanne M Hanson**

Debtor(s)

Case No.  
Chapter

**7**

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Joel C Hanson  
Joel C Hanson

Date: September 9, 2015

B 1D (Official Form 1, Exhibit D) (12/09) - Cont.

Page 2

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

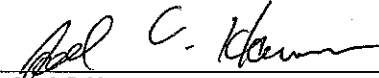
☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: \_\_\_\_\_

  
Joel C Hanson

Date: September 9, 2015

B 1D (Official Form 1, Exhibit D) (12/09)

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Joel C Hanson**  
**Suzanne M Hanson**

Debtor(s)

Case No.  
Chapter

**7**

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

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*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**



☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Suzanne M Hanson

Suzanne M Hanson

Date: September 9, 2015

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: \_\_\_\_\_

*Suzanne M Hanson*  
Suzanne M Hanson

Date: September 9, 2015

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Joel C Hanson,  
Suzanne M Hanson**

Debtors

Case No. \_\_\_\_\_

Chapter 7

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES       | OTHER            |
|--|----------------------|------------------|-------------------|-------------------|------------------|
| A - Real Property  | <b>Yes</b>           | <b>1</b>         | <b>384,461.00</b> |                   |                  |
| B - Personal Property  | <b>Yes</b>           | <b>3</b>         | <b>48,569.00</b>  |                   |                  |
| C - Property Claimed as Exempt   | <b>Yes</b>           | <b>1</b>         |                   |                   |                  |
| D - Creditors Holding Secured Claims   | <b>Yes</b>           | <b>1</b>         |                   | <b>416,987.00</b> |                  |
| E - Creditors Holding Unsecured<br>Priority Claims (Total of Claims on Schedule E) | <b>Yes</b>           | <b>2</b>         |                   | <b>28,411.93</b>  |                  |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | <b>Yes</b>           | <b>10</b>        |                   | <b>197,182.19</b> |                  |
| G - Executory Contracts and<br>Unexpired Leases                                    | <b>Yes</b>           | <b>1</b>         |                   |                   |                  |
| H - Codebtors  | <b>Yes</b>           | <b>1</b>         |                   |                   |                  |
| I - Current Income of Individual<br>Debtor(s)                                      | <b>Yes</b>           | <b>2</b>         |                   |                   | <b>12,876.51</b> |
| J - Current Expenditures of Individual<br>Debtor(s)                                | <b>Yes</b>           | <b>2</b>         |                   |                   | <b>12,869.26</b> |
| Total Number of Sheets of ALL Schedules  |                      | <b>24</b>        |                   |                   |                  |
| Total Assets   |                      |                  | <b>433,030.00</b> |                   |                  |
| Total Liabilities  |                      |                  |                   | <b>642,581.12</b> |                  |

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Joel C Hanson,  
Suzanne M Hanson**

Debtors

Case No. \_\_\_\_\_

Chapter 7

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

| Type of Liability   | Amount           |
|---|------------------|
| Domestic Support Obligations (from Schedule E)  | <b>0.00</b>      |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | <b>28,411.93</b> |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | <b>0.00</b>      |
| Student Loan Obligations (from Schedule F)  | <b>62,576.00</b> |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | <b>0.00</b>      |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | <b>0.00</b>      |
| TOTAL   | <b>90,987.93</b> |

**State the following:**

|   |                  |
|---|------------------|
| Average Income (from Schedule I, Line 12)   | <b>12,876.51</b> |
| Average Expenses (from Schedule J, Line 22)   | <b>12,869.26</b> |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14 ) | <b>12,563.14</b> |

**State the following:**

|  |                  |                   |
|--|------------------|-------------------|
| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |                  | <b>0.00</b>       |
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | <b>28,411.93</b> |                   |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |                  | <b>0.00</b>       |
| 4. Total from Schedule F   |                  | <b>197,182.19</b> |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |                  | <b>197,182.19</b> |

In re **Joel C Hanson,  
Suzanne M Hanson**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| Description and Location of Property    | Nature of Debtor's Interest in Property | Husband, Wife, Joint, or Community | Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption | Amount of Secured Claim |
|---|---|------------------------------------|--|-------------------------|
| 552 Wilson Ave.<br>Glen Ellyn, IL 60137 | Joint tenant                            | J                                  | 384,461.00   | 380,000.00              |
| FMV based on zillow.com (9/15/12)       |   |                                    |  |                         |

Sub-Total > **384,461.00** (Total of this page)

Total > **384,461.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

In re **Joel C Hanson,  
Suzanne M Hanson**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property."

If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

| Type of Property   | N<br>O<br>N<br>E | Description and Location of Property                             | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|--|------------------|--|---|---|
| 1. Cash on hand  |                  | <b>on person</b>   | -   | <b>50.00</b>  |
| 2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. |                  | <b>Glen Ellyn Bank &amp; Trust (3 accts)</b>                     | <b>J</b>                                    | <b>2,189.00</b>   |
| 3. Security deposits with public utilities, telephone companies, landlords, and others.  | <b>X</b>         |  |   |   |
| 4. Household goods and furnishings, including audio, video, and computer equipment.  |                  | <b>typical household furniture, appliances &amp; electronics</b> | <b>J</b>                                    | <b>2,500.00</b>   |
| 5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  | <b>X</b>         |  |   |   |
| 6. Wearing apparel.  |                  | <b>necessary wearing apparel, wedding band</b>                   | -   | <b>1,000.00</b>   |
| 7. Furs and jewelry.   |                  | <b>timex watch</b>   | -   | <b>30.00</b>  |
| 8. Firearms and sports, photographic, and other hobby equipment.   |                  | <b>treadmill</b>   | -   | <b>100.00</b>   |
| 9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.   | <b>X</b>         |  |   |   |
| 10. Annuities. Itemize and name each issuer.   | <b>X</b>         |  |   |   |

Sub-Total > **5,869.00**  
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

In re **Joel C Hanson,  
Suzanne M Hanson**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| Type of Property  | N<br>O<br>N<br>E | Description and Location of Property                                     | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|---|------------------|--|---|---|
| 11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | <b>X</b>         |  |   |   |
| 12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | <b>X</b>         |  |   |   |
| 13. Stock and interests in incorporated and unincorporated businesses. Itemize.   |                  | <b>10 Shares of Disney</b>   | -   | <b>150.00</b>   |
|   |                  | <b>Suzanne Hanson, Ltd.<br/>552 Wilson Ave.<br/>Glen Ellyn, IL 60137</b> | <b>J</b>                                    | <b>0.00</b>   |
| 14. Interests in partnerships or joint ventures. Itemize.   | <b>X</b>         |  |   |   |
| 15. Government and corporate bonds and other negotiable and nonnegotiable instruments.  | <b>X</b>         |  |   |   |
| 16. Accounts receivable.  | <b>X</b>         |  |   |   |
| 17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | <b>X</b>         |  |   |   |
| 18. Other liquidated debts owed to debtor including tax refunds. Give particulars.  |                  | <b>See schedule E</b>  | -   | <b>0.00</b>   |
|   |                  | <b>2009 Nissan Altima, 161,000 miles</b>                                 | -   | <b>3,550.00</b>   |
| 19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | <b>X</b>         |  |   |   |
| 20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | <b>X</b>         |  |   |   |

Sub-Total > **3,700.00**  
(Total of this page)

Sheet 1 of 2 continuation sheets attached to the Schedule of Personal Property

B6B (Official Form 6B) (12/07) - Cont.

In re **Joel C Hanson,  
Suzanne M Hanson**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

| Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|---|------------------|--------------------------------------|---|---|
| 21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | <b>X</b>         |                                      |   |   |
| 22. Patents, copyrights, and other intellectual property. Give particulars.   | <b>X</b>         |                                      |   |   |
| 23. Licenses, franchises, and other general intangibles. Give particulars.  | <b>X</b>         |                                      |   |   |
| 24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | <b>X</b>         |                                      |   |   |
| 25. Automobiles, trucks, trailers, and other vehicles and accessories.  |                  | <b>2014 Ford Explorer</b>            | <b>-</b>                                    | <b>39,000.00</b>  |
| 26. Boats, motors, and accessories.   | <b>X</b>         |                                      |   |   |
| 27. Aircraft and accessories.   | <b>X</b>         |                                      |   |   |
| 28. Office equipment, furnishings, and supplies.  | <b>X</b>         |                                      |   |   |
| 29. Machinery, fixtures, equipment, and supplies used in business.  | <b>X</b>         |                                      |   |   |
| 30. Inventory.  | <b>X</b>         |                                      |   |   |
| 31. Animals.  | <b>X</b>         |                                      |   |   |
| 32. Crops - growing or harvested. Give particulars.   | <b>X</b>         |                                      |   |   |
| 33. Farming equipment and implements.   | <b>X</b>         |                                      |   |   |
| 34. Farm supplies, chemicals, and feed.   | <b>X</b>         |                                      |   |   |
| 35. Other personal property of any kind not already listed. Itemize.  | <b>X</b>         |                                      |   |   |

Sub-Total > **39,000.00**  
(Total of this page)  
Total > **48,569.00**

Sheet 2 of 2 continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)



In re **Joel C Hanson,  
Suzanne M Hanson**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:

(Check one box)

☐ 11 U.S.C. §522(b)(2)

☒ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.)

| Description of Property  | Specify Law Providing Each Exemption           | Value of Claimed Exemption | Current Value of Property Without Deducting Exemption |
|--|--|----------------------------|---|
| <b><u>Real Property</u></b><br>552 Wilson Ave.<br>Glen Ellyn, IL 60137   | 735 ILCS 5/12-901                              | 4,461.00                   | 384,461.00  |
| FMV based on zillow.com (9/15/12)  |  |                            |   |
| <b><u>Cash on Hand</u></b><br>on person  | 735 ILCS 5/12-1001(b)                          | 50.00                      | 50.00   |
| <b><u>Checking, Savings, or Other Financial Accounts, Certificates of Deposit</u></b><br>Glen Ellyn Bank & Trust (3 accts) | 735 ILCS 5/12-1001(b)                          | 2,189.00                   | 2,189.00  |
| <b><u>Household Goods and Furnishings</u></b><br>typical household furniture, appliances & electronics                     | 735 ILCS 5/12-1001(b)                          | 1,811.00                   | 2,500.00  |
| <b><u>Wearing Apparel</u></b><br>necessary wearing apparel, wedding band   | 735 ILCS 5/12-1001(a)                          | 1,000.00                   | 1,000.00  |
| <b><u>Furs and Jewelry</u></b><br>timex watch  | 735 ILCS 5/12-1001(b)                          | 30.00                      | 30.00   |
| <b><u>Firearms and Sports, Photographic and Other Hobby Equipment</u></b><br>treadmill                                     | 735 ILCS 5/12-1001(b)                          | 100.00                     | 100.00  |
| <b><u>Stock and Interests in Businesses</u></b><br>10 Shares of Disney   | 735 ILCS 5/12-1001(b)                          | 150.00                     | 150.00  |
| <b><u>Other Liquidated Debts Owing Debtor Including Tax Refund</u></b><br>2009 Nissan Altima, 161,000 miles                | 735 ILCS 5/12-1001(c)                          | 3,550.00                   | 3,550.00  |
| <b><u>Automobiles, Trucks, Trailers, and Other Vehicles</u></b><br>2014 Ford Explorer                                      | 735 ILCS 5/12-1001(c)<br>735 ILCS 5/12-1001(b) | 1,250.00<br>763.00         | 39,000.00   |

Total: **15,354.00** **433,030.00**

0 continuation sheets attached to Schedule of Property Claimed as Exempt

In re **Joel C Hanson,  
Suzanne M Hanson**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | C<br>O<br>D<br>E<br>B<br>T<br>O<br>R | Husband, Wife, Joint, or Community   | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
|--|--------------------------------------|--|--|--|--------------------------------------|--|---------------------------------|
|  |                                      | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND<br>DESCRIPTION AND VALUE<br>OF PROPERTY<br>SUBJECT TO LIEN |  |  |                                      |  |                                 |
| Account No. <b>50397953</b>  |                                      |  |  |  |                                      |  |                                 |
| <b>Ford Motor Credit Corporation<br/>Ford Motor Credit<br/>Po Box 6275<br/>Dearborn, MI 48121</b>                | <b>W</b>                             | <b>Opened 6/01/14 Last Active 8/03/15<br/>Purchase Money Security<br/>2014 Ford Explorer</b>               |  |  |                                      | <b>36,987.00</b>   | <b>0.00</b>                     |
|  |                                      | Value \$ <b>39,000.00</b>  |  |  |                                      |  |                                 |
| Account No. <b>6470031506330</b>   |                                      |  |  |  |                                      |  |                                 |
| <b>Ocwen Loan Servicing, LLC<br/>1661 Worthington Rd. Suite 100<br/>West Palm Beach, FL 33409</b>                | <b>J</b>                             | <b>First Mortgage<br/>552 Wilson Ave.<br/>Glen Ellyn, IL 60137<br/>FMV based on zillow.com (9/15/12)</b>   |  |  |                                      | <b>380,000.00</b>  | <b>0.00</b>                     |
|  |                                      | Value \$ <b>384,461.00</b>   |  |  |                                      |  |                                 |
| Account No.  |                                      |  |  |  |                                      |  |                                 |
|  |                                      |  |  |  |                                      |  |                                 |
|  |                                      | Value \$   |  |  |                                      |  |                                 |
| Account No.  |                                      |  |  |  |                                      |  |                                 |
|  |                                      |  |  |  |                                      |  |                                 |
|  |                                      | Value \$   |  |  |                                      |  |                                 |
| Subtotal<br>(Total of this page)   |                                      |  |  |  |                                      | <b>416,987.00</b>  | <b>0.00</b>                     |
| Total<br>(Report on Summary of Schedules)  |                                      |  |  |  |                                      | <b>416,987.00</b>  | <b>0.00</b>                     |

0 continuation sheets attached

In re **Joel C Hanson,  
Suzanne M Hanson**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/13) - Cont.

In re **Joel C Hanson,  
Suzanne M Hanson**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**  
(Continuation Sheet)

**Taxes and Certain Other Debts  
Owed to Governmental Units**

TYPE OF PRIORITY

| CREDITOR'S NAME,<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions.) | C<br>O<br>D<br>E<br>B<br>O<br>R | H<br>W<br>J<br>C | Husband, Wife, Joint, or Community<br><br>DATE CLAIM WAS INCURRED<br>AND CONSIDERATION FOR CLAIM | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT<br>OF CLAIM | AMOUNT NOT<br>ENTITLED TO<br>PRIORITY, IF ANY |
|---|---------------------------------|------------------|--|--|--|--------------------------------------|--------------------|---|
|   |                                 |                  |  |  |  |                                      |                    | AMOUNT<br>ENTITLED TO<br>PRIORITY             |
| Account No.   |                                 |                  | income taxes   |  |  |                                      | 927.93             |   |
| Illinois Department of Revenue<br>Bankruptcy Section<br>PO Box 64338<br>Chicago, IL 60664-0338              |                                 | J                |  |  |  |                                      |                    | 0.00  |
|   |                                 |                  |  |  |  |                                      |                    | 927.93  |
| Account No.   |                                 |                  | income taxes   |  |  |                                      | 27,484.00          |   |
| Internal Revenue Service (1/1/11)<br>PO Box 7346<br>Philadelphia, PA 19101-7346                             |                                 | J                |  |  |  |                                      |                    | 0.00  |
|   |                                 |                  |  |  |  |                                      |                    | 27,484.00                                     |
| Account No.   |                                 |                  |  |  |  |                                      |                    |   |
|   |                                 |                  |  |  |  |                                      |                    |   |
|   |                                 |                  |  |  |  |                                      |                    |   |
| Account No.   |                                 |                  |  |  |  |                                      |                    |   |
|   |                                 |                  |  |  |  |                                      |                    |   |
|   |                                 |                  |  |  |  |                                      |                    |   |
| Account No.   |                                 |                  |  |  |  |                                      |                    |   |
|   |                                 |                  |  |  |  |                                      |                    |   |
|   |                                 |                  |  |  |  |                                      |                    |   |
| Subtotal  |                                 |                  |  |  |  |                                      |                    | 0.00  |
| (Total of this page)  |                                 |                  |  |  |  |                                      | 28,411.93          | 28,411.93                                     |
| Total   |                                 |                  |  |  |  |                                      |                    | 0.00  |
| (Report on Summary of Schedules)  |                                 |                  |  |  |  |                                      | 28,411.93          | 28,411.93                                     |

Sheet **1** of **1** continuation sheets attached to  
Schedule of Creditors Holding Unsecured Priority Claims

In re **Joel C Hanson,  
Suzanne M Hanson**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)  | C<br>O<br>D<br>E<br>B<br>T<br>O<br>R | Husband, Wife, Joint, or Community  | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM  |
|--|--------------------------------------|---|--|--|--------------------------------------|------------------|
|  |                                      | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. |  |  |                                      |                  |
| Account No. <b>2110801</b><br><br><b>Alliance Clinical Associates</b><br><b>7 Blanchard Cir Ste 201</b><br><b>Wheaton, IL 60187</b>  | <b>J</b>                             | <b>11/9/11</b><br><br><b>Medical Treatment</b>  |  |  |                                      | <b>210.00</b>    |
| Account No.<br><br><b>American Express Centurion Bank</b><br><b>c/o Becket &amp; Lee LLP</b><br><b>PO Box 3001</b><br><b>Malvern, PA 19355-0701</b>  | <b>J</b>                             | <b>credit card</b>  |  |  |                                      | <b>1,211.30</b>  |
| Account No. <b>2150908008621898</b><br><br><b>American General Financial/Springleaf</b><br><b>Fi</b><br><b>Springleaf Financial/Attn: Bankruptcy</b><br><b>De</b><br><b>Po Box 3251</b><br><b>Evansville, IN 47731</b> | <b>W</b>                             | <b>Opened 2/01/15 Last Active 6/19/15</b><br><br><b>Note Loan</b>                                   |  |  |                                      | <b>8,349.00</b>  |
| Account No. <b>6825063-64616-G60</b><br><br><b>Associates in Gynecology</b><br><b>1604 North Main Street</b><br><b>Wheaton, IL 60187</b>   | <b>J</b>                             | <b>6/8/15</b><br><br><b>Medical Treatment</b>   |  |  |                                      | <b>242.48</b>    |
| Subtotal<br>(Total of this page)   |                                      |   |  |  |                                      | <b>10,012.78</b> |

9 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Joel C Hanson,  
Suzanne M Hanson**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | C<br>O<br>D<br>E<br>B<br>O<br>R<br>R | Husband, Wife, Joint, or Community  | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM |
|---|--------------------------------------|---|--|--|--------------------------------------|-----------------|
|   |                                      | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. |  |  |                                      |                 |
| Account No. <b>120017219937</b><br><br><b>Cach LLC / Square Two Financial</b><br><b>4340 South Monaco St. 2nd floor</b><br><b>Denver, CO 80237</b>    | <b>J</b>                             | <b>4/1/12</b><br><br><b>Collection Attorney CitiCorp Trust Bank</b>                                 |  |  |                                      | <b>4,830.00</b> |
| Account No. <b>1477493</b><br><br><b>Cadence Health</b><br><b>25 North Winfield Rd.</b><br><b>Winfield, IL 60190</b>                                  | <b>J</b>                             | <b>12/9/14</b><br><br><b>Medical Treatment</b>  |  |  |                                      | <b>1,761.49</b> |
| Account No. <b>5178057914969303</b><br><br><b>Capital One</b><br><b>Attn: Bankruptcy</b><br><b>Po Box 30285</b><br><b>Salt Lake City, UT 84130</b>    | <b>W</b>                             | <b>Opened 6/01/13 Last Active 8/13/15</b><br><br><b>Credit Card</b>                                 |  |  |                                      | <b>1,557.49</b> |
| Account No. <b>5155-9900-2607-3977</b><br><br><b>Capital One</b><br><b>Attn: Bankruptcy</b><br><b>Po Box 30285</b><br><b>Salt Lake City, UT 84130</b> | <b>W</b>                             | <b>Opened 10/01/09</b><br><br><b>Credit Card</b>  |  |  |                                      | <b>303.00</b>   |
| Account No. <b>003 198515</b><br><br><b>Central DuPage Emergency PHYS</b><br><b>PO Box 366</b><br><b>Hinsdale, IL 60522</b>                           | <b>J</b>                             | <b>Medical Treatment</b>  |  |  |                                      | <b>286.04</b>   |
| Sheet no. <u>1</u> of <u>9</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims                                       |                                      |   |  |  |                                      | <b>8,738.02</b> |
| Subtotal<br>(Total of this page)  |                                      |   |  |  |                                      | <b>8,738.02</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Joel C Hanson,  
Suzanne M Hanson**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | C<br>O<br>D<br>E<br>B<br>O<br>R<br>R | Husband, Wife, Joint, or Community  | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM  |
|---|--------------------------------------|---|--|--|--------------------------------------|--|
|   |                                      | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. |  |  |                                      |  |
| Account No. <b>4388-5230-1003-8219</b><br><br><b>Chase</b><br><b>PO Box 15298</b><br><b>Wilmington, DE 19850-5298</b>   | <b>J</b>                             | <b>3/01/96</b><br><br><b>credit card</b>  |  |  |                                      | <b>16,983.00</b>   |
| Account No. <b>5424180713248612</b><br><br><b>Citibank Sd, Na</b><br><b>Attn: Centralized Bankruptcy</b><br><b>Po Box 20363</b><br><b>Kansas City, MO 64195</b> | <b>J</b>                             | <b>Opened 2/01/03 Last Active 7/03/15</b><br><br><b>Credit Card</b>                                 |  |  |                                      | <b>13,028.00</b>   |
| Account No. <b>223412</b><br><br><b>Com Bk Wheaton</b><br><b>357 W. Roosevelt Rd.</b><br><b>Glen Ellyn, IL 60137</b>  | <b>J</b>                             | <b>8/1/08</b><br><br><b>line of credit</b>  |  |  |                                      | <b>3,039.00</b>  |
| Account No. <b>242660</b><br><br><b>Com Bk Wheaton</b><br><b>357 W. Roosevelt Rd.</b><br><b>Glen Ellyn, IL 60137</b>  | <b>J</b>                             | <b>8/1/08</b><br><br><b>line of credit</b>  |  |  |                                      | <b>2,000.00</b>  |
| Account No. <b>5856373092713804</b><br><br><b>Comenity Bank/Ann Taylor</b><br><b>Attention: Bankruptcy</b><br><b>Po Box 182686</b><br><b>Columbus, OH 43218</b> | <b>W</b>                             | <b>Opened 11/01/10 Last Active 6/19/15</b><br><br><b>Charge Account</b>                             |  |  |                                      | <b>2,155.00</b>  |
| Sheet no. <u>2</u> of <u>9</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims   |                                      |   |  |  |                                      | <b>Subtotal</b><br>(Total of this page) <b>37,205.00</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Joel C Hanson,  
Suzanne M Hanson**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | C<br>O<br>D<br>E<br>B<br>O<br>R<br>R | H<br>W<br>J<br>C | Husband, Wife, Joint, or Community  | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM                  |
|---|--------------------------------------|------------------|-------------------------------------|--|--|--------------------------------------|----------------------------------|
| Account No. 5856373223345286  | W                                    |                  | Opened 1/01/15 Last Active 6/19/15  |  |  |                                      | 2,134.00                         |
| Comenity/Crate & Barrell<br>Attention: Bankruptcy<br>Po Box 182686<br>Columbus, OH 43218                      |                                      |                  | Charge Account                      |  |  |                                      |                                  |
| Account No. 689736831   | H                                    |                  | Opened 11/01/96 Last Active 8/20/12 |  |  |                                      | 1,896.00                         |
| Credit First/CFNA<br>Bk13 Credit Operations<br>Po Box 818011<br>Cleveland, OH 44181                           |                                      |                  | Charge Account                      |  |  |                                      |                                  |
| Account No. 4447-9621-8510-9059   | J                                    |                  | 2/7/12                              |  |  |                                      | 709.00                           |
| Credit One Bank<br>PO Box 98873<br>Las Vegas, NV 89193  |                                      |                  | credit card                         |  |  |                                      |                                  |
| Account No. 020807  | J                                    |                  | 1/10/15 - 5/11/15                   |  |  |                                      | 313.00                           |
| Dennis Boyer DDS<br>620 Wesst Roosevelt Rd., #D2<br>Wheaton, IL 60187   |                                      |                  | Medical Treatment                   |  |  |                                      |                                  |
| Account No. 285263838   | J                                    |                  | 4/21/15                             |  |  |                                      | 841.73                           |
| DuPage Medical Group<br>15921 Collections Center Dr<br>Chicago, IL 60693                                      |                                      |                  | Medical Treatment                   |  |  |                                      |                                  |
| Sheet no. 3 of 9 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims                |                                      |                  |                                     |  |  |                                      | Subtotal<br>(Total of this page) |
|   |                                      |                  |                                     |  |  |                                      | 5,893.73                         |



B6F (Official Form 6F) (12/07) - Cont.

In re **Joel C Hanson,  
Suzanne M Hanson**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                         | C<br>O<br>D<br>E<br>B<br>O<br>R<br>R | Husband, Wife, Joint, or Community  | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM  |
|---|--------------------------------------|---|--|--|--------------------------------------|--|
|   |                                      | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. |  |  |                                      |  |
| Account No. <b>E061226387</b><br><br><b>Edward Hospital</b><br><b>PO Box 4207</b><br><b>Carol Stream, IL 60197-4207</b>               | <b>J</b>                             | <b>6/8/12</b><br><br><b>Medical Treatment</b>   |  |  |                                      | <b>321.86</b>  |
| Account No. <b>4705-0002-4431-3193</b><br><br><b>Homeprjvisa</b><br><b>PO Box 94498</b><br><b>Las Vegas, NV 89193</b>                 | <b>J</b>                             | <b>6/6/11</b><br><br><b>Credit Card / See SOFA civil case 212-SR-2039</b>                           |  |  |                                      | <b>7,328.82</b>  |
| Account No.<br><br><b>Joseph R. Wells DDS</b><br><b>416 E. Roosevelt Rd. Suite 100</b><br><b>Wheaton, IL 60187</b>                    | <b>J</b>                             | <b>Medical Treatment</b>  |  |  |                                      | <b>232.20</b>  |
| Account No. <b>6393050376944955</b><br><br><b>Kohls/capone</b><br><b>N56 W 17000 Ridgewood Dr</b><br><b>Menomonee Falls, WI 53051</b> | <b>W</b>                             | <b>Opened 11/01/03 Last Active 6/21/15</b><br><br><b>Charge Account</b>                             |  |  |                                      | <b>1,724.00</b>  |
| Account No. <b>15059297</b><br><br><b>Lending Club Corp</b><br><b>71 Stevenson St Ste 300</b><br><b>San Francisco, CA 94105</b>       | <b>W</b>                             | <b>Opened 4/01/14 Last Active 7/03/15</b><br><br><b>Unsecured</b>                                   |  |  |                                      | <b>6,943.00</b>  |
| Sheet no. <u>4</u> of <u>9</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims                       |                                      |   |  |  |                                      | <b>Subtotal</b><br>(Total of this page) <b>16,549.88</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Joel C Hanson,  
Suzanne M Hanson**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)   | C<br>O<br>D<br>E<br>D<br>E<br>B<br>T<br>O<br>R | Husband, Wife, Joint, or Community  | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM |
|---|--|---|--|--|--------------------------------------|-----------------|
|   |  | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. |  |  |                                      |                 |
| Account No.   |  | <b>credit card</b>  |  |  |                                      |                 |
| <b>LVNV Funding LLC<br/>Resurgent Capital Services<br/>PO Box 10587<br/>Greenville, SC 29603-0587</b>           | <b>J</b>                                       |   |  |  |                                      | <b>609.68</b>   |
| Account No. <b>986539</b>   |  | <b>Collections Univrsity of Chicago Medicine</b>  |  |  |                                      |                 |
| <b>M3 Financial Services, Inc.<br/>PO Box 7230<br/>Westchester, IL 60154</b>                                    | <b>J</b>                                       |   |  |  |                                      | <b>1,532.35</b> |
| Account No.   |  | <b>7/7/14 - 11/11/14</b>  |  |  |                                      |                 |
| <b>Marc Anderson<br/>55 E. Loop Dr. Suite 203<br/>Wheaton, IL 60189-3878</b>                                    | <b>J</b>                                       | <b>Medical Treatment</b>  |  |  |                                      | <b>910.00</b>   |
| Account No. <b>1496263541</b>   |  | <b>Opened 12/01/13</b>  |  |  |                                      |                 |
| <b>Med Business Bureau<br/>Po Box 1219<br/>Park Ridge, IL 60068</b>   | <b>W</b>                                       | <b>Collection Attorney Medical Central DuPage<br/>Emer Phys</b>                                     |  |  |                                      | <b>129.00</b>   |
| Account No. <b>1985151085</b>   |  | <b>Opened 12/01/13</b>  |  |  |                                      |                 |
| <b>Med Business Bureau<br/>Po Box 1219<br/>Park Ridge, IL 60068</b>   | <b>W</b>                                       | <b>Collection Attorney Medical</b>  |  |  |                                      | <b>488.00</b>   |
| Sheet no. <b>5</b> of <b>9</b> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims |  |   |  |  |                                      |                 |
| Subtotal<br>(Total of this page)  |  |   |  |  |                                      | <b>3,669.03</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Joel C Hanson,  
Suzanne M Hanson**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                     | C<br>O<br>D<br>E<br>B<br>O<br>R<br>R | Husband, Wife, Joint, or Community  | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM   |
|---|--------------------------------------|---|--|--|--------------------------------------|---|
|   |                                      | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. |  |  |                                      |   |
| Account No. <b>H000237121</b><br><br><b>Med Business Bureau<br/>Po Box 1219<br/>Park Ridge, IL 60068</b>  | <b>W</b>                             | <b>Opened 12/01/13<br/><br/>Collection Attorney Medical</b>   |  |  |                                      | <b>400.00</b>   |
| Account No. <b>38323.0</b><br><br><b>Midwest ENT Consultants<br/>0N025 Winfield Rd. ste 519<br/>Winfield, IL 60190</b>                            |                                      | <b>Medical Treatment</b>  |  |  |                                      | <b>262.32</b>   |
| Account No. <b>93369</b><br><br><b>Midwest Orthopaedics at Rush, LLC<br/>1 Westbrook Corporate Center<br/>Suite 240<br/>Westchester, IL 60154</b> | <b>J</b>                             | <b>6/6/12<br/><br/>Medical Treatment</b>  |  |  |                                      | <b>35.61</b>  |
| Account No. <b>11260053030</b><br><br><b>Nationwide Credit &amp; Co<br/>815 Commerce Dr Ste 100<br/>Oak Brook, IL 60523</b>                       |                                      | <b>7/01/11<br/><br/>Collections Attorney DuPage Medical Group</b>                                   |  |  |                                      | <b>544.00</b>   |
| Account No. <b>11260053031</b><br><br><b>Nationwide Credit &amp; Co<br/>815 Commerce Dr Ste 100<br/>Oak Brook, IL 60523</b>                       | <b>J</b>                             | <b>7/01/11<br/><br/>Collections Attorney DuPage Medical Group</b>                                   |  |  |                                      | <b>586.00</b>   |
| Sheet no. <u>6</u> of <u>9</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims                                   |                                      |   |  |  |                                      | <b>Subtotal<br/>(Total of this page)</b><br><b>1,827.93</b> |

B6F (Official Form 6F) (12/07) - Cont.

In re **Joel C Hanson,  
Suzanne M Hanson**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | C<br>O<br>D<br>E<br>B<br>O<br>R<br>R | H<br>W<br>J<br>C | Husband, Wife, Joint, or Community          | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM                  |           |
|---|--------------------------------------|------------------|---|--|--|--------------------------------------|----------------------------------|-----------|
| Account No. 11260053036, 35, 32, 51005  | J                                    | J                | 7/01/11                                     |  |  |                                      | 1,441.30                         |           |
| Nationwide Credit & Co<br>815 Commerce Dr Ste 100<br>Oak Brook, IL 60523                                      |                                      |                  | Collections Attorney DuPage Medical Group   |  |  |                                      |                                  |           |
| Account No. CID19090755018USD   | J                                    | J                | Collections American Express                |  |  |                                      | 23,722.77                        |           |
| NCO Financial Systems<br>507 Prudential Road<br>Horsham, PA 19044   |                                      |                  |   |  |  |                                      |                                  |           |
| Account No. 8308062450  | W                                    | W                | Opened 7/01/10 Last Active 6/21/15          |  |  |                                      | 1,173.00                         |           |
| Nordstrom FSB<br>Attention: Account Services<br>Po Box 6566<br>Englewood, CO 80155                            |                                      |                  | Charge Account                              |  |  |                                      |                                  |           |
| Account No. 5856373092713804  | W                                    | W                | Opened 7/01/10 Last Active 6/21/15          |  |  |                                      | 2,156.27                         |           |
| Nordstrom FSB Love Loft<br>Attention: Account Services<br>Po Box 6566<br>Englewood, CO 80155                  |                                      |                  | Charge Account                              |  |  |                                      |                                  |           |
| Account No. 85095   | J                                    | J                | collection for Mobile Anesthesiologists LLC |  |  |                                      | 46.01                            |           |
| OBS, LLC<br>8420 W. Bryn Mawr Ave. Suite 300<br>Chicago, IL 60631   |                                      |                  |   |  |  |                                      |                                  |           |
| Sheet no. 7 of 9 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims                |                                      |                  |   |  |  |                                      | Subtotal<br>(Total of this page) | 28,539.35 |

B6F (Official Form 6F) (12/07) - Cont.

In re **Joel C Hanson,  
Suzanne M Hanson**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | C<br>O<br>D<br>E<br>B<br>O<br>R | Husband, Wife, Joint, or Community                         | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM                  |   |
|---|---------------------------------|--|--|--|--------------------------------------|----------------------------------|---|
|   |                                 | H<br>W<br>J<br>C   |  |  |                                      |                                  | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. |
| Account No. 5049-9061-0806-6093   | J                               | credit card  |  |  |                                      | 1,767.38                         |   |
| PayPal Credit<br>PO Box 5138<br>Lutherville Timonium, MD 21094  |                                 |  |  |  |                                      |                                  |   |
| Account No.   | J                               | Collections  |  |  |                                      | 4,830.34                         |   |
| Portfolio Recovery Associates<br>PO Box 41067<br>Norfolk, VA 23541  |                                 |  |  |  |                                      |                                  |   |
| Account No. 742952  | J                               | 2/1/01<br><br>Medical Treatment                            |  |  |                                      | 697.95                           |   |
| Rush University Medical Group<br>75 Remittance Dr. Suite 1611<br>Chicago, IL 60675-1611                       |                                 |  |  |  |                                      |                                  |   |
| Account No. 315716522   | J                               | 8/15/12<br><br>credit card                                 |  |  |                                      | 990.00                           |   |
| Shell Oil / CitiBank<br>PO Box 20507<br>Kansas City, MO 64195   |                                 |  |  |  |                                      |                                  |   |
| Account No. multiple accounts   | J                               | Collections Northwestern Medicine CDH,<br>Physicians Group |  |  |                                      | 3,449.61                         |   |
| State Collection Services Inc<br>2509 S. Stoughton Rd.<br>Madison, WI 53716                                   |                                 |  |  |  |                                      |                                  |   |
| Sheet no. 8 of 9 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims                |                                 |  |  |  |                                      | Subtotal<br>(Total of this page) | 11,735.28   |

B6F (Official Form 6F) (12/07) - Cont.

In re **Joel C Hanson,  
Suzanne M Hanson**

Case No. \_\_\_\_\_

Debtors

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.)                                       | C<br>O<br>D<br>E<br>B<br>O<br>R<br>R | Husband, Wife, Joint, or Community  | C<br>O<br>N<br>T<br>I<br>N<br>G<br>E<br>N<br>T | U<br>N<br>L<br>I<br>Q<br>U<br>I<br>D<br>A<br>T<br>E<br>D | D<br>I<br>S<br>P<br>U<br>T<br>E<br>D | AMOUNT OF CLAIM   |
|---|--------------------------------------|---|--|--|--------------------------------------|---|
|   |                                      | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM<br>IS SUBJECT TO SETOFF, SO STATE. |  |  |                                      |   |
| Account No. <b>3-1359162</b><br><br><b>University of Chicago Phys Group</b><br><b>75 Remittance Dr. Suite 1385</b><br><b>Chicago, IL 60675-1385</b> | <b>J</b>                             | <b>Medical Treatment</b>  |  |  |                                      | <b>63.67</b>  |
| Account No. <b>3804914119798581</b><br><br><b>Us Dept Of Ed/glelsi</b><br><b>Po Box 7860</b><br><b>Madison, WI 53707</b>                            | <b>H</b>                             | <b>Opened 8/01/13 Last Active 7/03/15</b><br><br><b>Educational</b>                                 |  |  |                                      | <b>62,576.00</b>  |
| Account No.<br><br><b>Wells Fargo NA</b><br><b>PO Box 10438</b><br><b>Des Moines, IA 50306-0438</b>   | <b>J</b>                             | <b>Precision Plumbing</b>   |  |  |                                      | <b>6,978.82</b>   |
| Account No. <b>001659</b><br><br><b>West Willow Family Dental</b><br><b>300 S. West St.</b><br><b>Wheaton, IL 60187</b>                             | <b>J</b>                             | <b>5/8/12</b><br><br><b>Medical Treatment</b>   |  |  |                                      | <b>3,343.20</b>   |
| Account No. <b>13947-64361391</b><br><br><b>Wheaton Eye Clinic</b><br><b>2015 North Main St.</b><br><b>Wheaton, IL 60187</b>                        | <b>J</b>                             | <b>8/29/14</b><br><br><b>Medical Treatment</b>  |  |  |                                      | <b>49.50</b>  |
| Sheet no. <u>9</u> of <u>9</u> sheets attached to Schedule of<br>Creditors Holding Unsecured Nonpriority Claims                                     |                                      |   |  |  |                                      | <b>Subtotal</b><br>(Total of this page)<br><br><b>73,011.19</b> |
| (Report on Summary of Schedules)  |                                      |   |  |  |                                      | <b>Total</b><br><b>197,182.19</b>                               |

In re **Joel C Hanson,  
Suzanne M Hanson**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no executory contracts or unexpired leases.

| Name and Mailing Address, Including Zip Code,<br>of Other Parties to Lease or Contract                                  | Description of Contract or Lease and Nature of Debtor's Interest.<br>State whether lease is for nonresidential real property.<br>State contract number of any government contract. |
|---|--|
| <b>Ford Motor Credit Corp Lease<br/>Cab West LLC (Joe Cotton Ford)<br/>175 W. North Ave.<br/>Carol Stream, IL 60188</b> | <b>2016 Ford Fusion<br/>\$237 per month for 36 months</b>  |

In re **Joel C Hanson,  
Suzanne M Hanson**

Case No. \_\_\_\_\_

Debtors

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR

NAME AND ADDRESS OF CREDITOR

0

continuation sheets attached to Schedule of Codebtors



Fill in this information to identify your case:

Debtor 1 Joel C Hanson

Debtor 2 Suzanne M Hanson  
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD/ YYYY

## Official Form B 6I

### Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed
- ☐ Not employed

account executive

SAP

3010 Highland Parkway  
Downers Grove, IL 60515

How long employed there?

2 years

Debtor 2 or non-filing spouse

- ☒ Employed
- ☐ Not employed

developmental therapist

Suzanne Hanson, Ltd.

552 Wilson Ave.  
Glen Ellyn, IL 60137

4 years

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross income. Add line 2 + line 3.

For Debtor 1

For Debtor 2 or non-filing spouse

2. \$ 9,166.67 \$ 0.00

3. +\$ 0.00 +\$ 0.00

4. \$ 9,166.67 \$ 0.00

Debtor 1 **Joel C Hanson**  
Debtor 2 **Suzanne M Hanson**

Case number (if known)

|  | For Debtor 1            | For Debtor 2 or non-filing spouse                  |
|--|-------------------------|--|
| Copy line 4 here   | 4. \$ <b>9,166.67</b>   | \$ <b>0.00</b>                                     |
| <b>5. List all payroll deductions:</b>   |                         |  |
| 5a. Tax, Medicare, and Social Security deductions  | 5a. \$ <b>1,231.23</b>  | \$ <b>0.00</b>                                     |
| 5b. Mandatory contributions for retirement plans   | 5b. \$ <b>0.00</b>      | \$ <b>0.00</b>                                     |
| 5c. Voluntary contributions for retirement plans   | 5c. \$ <b>366.69</b>    | \$ <b>0.00</b>                                     |
| 5d. Required repayments of retirement fund loans   | 5d. \$ <b>0.00</b>      | \$ <b>0.00</b>                                     |
| 5e. Insurance  | 5e. \$ <b>545.24</b>    | \$ <b>0.00</b>                                     |
| 5f. Domestic support obligations   | 5f. \$ <b>0.00</b>      | \$ <b>0.00</b>                                     |
| 5g. Union dues   | 5g. \$ <b>0.00</b>      | \$ <b>0.00</b>                                     |
| 5h. Other deductions. Specify:   | 5h.+ \$ <b>0.00</b>     | \$ <b>0.00</b>                                     |
| <b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.   | 6. \$ <b>2,143.16</b>   | \$ <b>0.00</b>                                     |
| <b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.  | 7. \$ <b>7,023.51</b>   | \$ <b>0.00</b>                                     |
| <b>8. List all other income regularly received:</b>  |                         |  |
| 8a. Net income from rental property and from operating a business, profession, or farm<br>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  | 8a. \$ <b>0.00</b>      | \$ <b>1,797.00</b>                                 |
| 8b. Interest and dividends   | 8b. \$ <b>0.00</b>      | \$ <b>0.00</b>                                     |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive<br>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  | 8c. \$ <b>0.00</b>      | \$ <b>0.00</b>                                     |
| 8d. Unemployment compensation  | 8d. \$ <b>0.00</b>      | \$ <b>0.00</b>                                     |
| 8e. Social Security  | 8e. \$ <b>0.00</b>      | \$ <b>0.00</b>                                     |
| 8f. Other government assistance that you regularly receive<br>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.<br>Specify:   | 8f. \$ <b>0.00</b>      | \$ <b>0.00</b>                                     |
| 8g. Pension or retirement income   | 8g. \$ <b>0.00</b>      | \$ <b>0.00</b>                                     |
| 8h. Other monthly income. Specify: <b>Draw against commission (3 month recoverable)</b><br><b>officer's salary (gross)</b>   | 8h.+ \$ <b>2,681.00</b> | \$ <b>0.00</b>                                     |
|  | \$ <b>0.00</b>          | \$ <b>1,375.00</b>                                 |
| <b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.   | 9. \$ <b>2,681.00</b>   | \$ <b>3,172.00</b>                                 |
| <b>10. Calculate monthly income.</b> Add line 7 + line 9.<br>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10. \$ <b>9,704.51</b>  | \$ <b>3,172.00</b>                                 |
| <b>11. State all other regular contributions to the expenses that you list in Schedule J.</b><br>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.<br>Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .<br>Specify: |                         | 11. +\$ <b>0.00</b>                                |
| <b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies  |                         | 12. \$ <b>12,876.51</b><br>Combined monthly income |
| <b>13. Do you expect an increase or decrease within the year after you file this form?</b>   |                         |  |
| <input type="checkbox"/> No.   |                         |  |
| <input checked="" type="checkbox"/> Yes. Explain: <b>Self-employed Debtor, Suzanne Hanson's net-gross income is a 8-month, 2015 year-to-date average Debtor Joel Hanson's commission is now earned against a draw that relates back over 90 days of previous paid. The amount stated on line 8(h) is net after taxes.</b>  |                         |  |

Fill in this information to identify your case:

Debtor 1 Joel C Hanson

Debtor 2 Suzanne M Hanson  
(Spouse, if filing)

United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS

Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

### Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Son

10

- ☐ No
- ☒ Yes

Daughter

16

- ☐ No
- ☒ Yes

Son

18

- ☐ No
- ☒ Yes

Son

20

- ☐ No
- ☒ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 4,063.71

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 142.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 225.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Joel C Hanson**  
Debtor 2 **Suzanne M Hanson**

Case number (if known) \_\_\_\_\_

|  |          |                  |
|--|----------|------------------|
| <b>6. Utilities:</b>   |          |                  |
| 6a. Electricity, heat, natural gas   | 6a. \$   | <b>400.00</b>    |
| 6b. Water, sewer, garbage collection   | 6b. \$   | <b>200.00</b>    |
| 6c. Telephone, cell phone, Internet, satellite, and cable services   | 6c. \$   | <b>492.00</b>    |
| 6d. Other. Specify: _____  | 6d. \$   | <b>0.00</b>      |
| <b>7. Food and housekeeping supplies</b>   | 7. \$    | <b>1,500.00</b>  |
| <b>8. Childcare and children's education costs</b>   | 8. \$    | <b>2,000.00</b>  |
| <b>9. Clothing, laundry, and dry cleaning</b>  | 9. \$    | <b>320.00</b>    |
| <b>10. Personal care products and services</b>   | 10. \$   | <b>175.00</b>    |
| <b>11. Medical and dental expenses</b>   | 11. \$   | <b>225.00</b>    |
| <b>12. Transportation.</b> Include gas, maintenance, bus or train fare.<br>Do not include car payments.  | 12. \$   | <b>500.00</b>    |
| <b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>  | 13. \$   | <b>150.00</b>    |
| <b>14. Charitable contributions and religious donations</b>  | 14. \$   | <b>150.00</b>    |
| <b>15. Insurance.</b><br>Do not include insurance deducted from your pay or included in lines 4 or 20.   |          |                  |
| 15a. Life insurance  | 15a. \$  | <b>188.55</b>    |
| 15b. Health insurance  | 15b. \$  | <b>0.00</b>      |
| 15c. Vehicle insurance   | 15c. \$  | <b>439.00</b>    |
| 15d. Other insurance. Specify: <b>business insurance</b>   | 15d. \$  | <b>66.00</b>     |
| <b>16. Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20.<br>Specify: <b>income tax set-aside Barbara</b>                            |          |                  |
|  | 16. \$   | <b>400.00</b>    |
| <b>17. Installment or lease payments:</b>  |          |                  |
| 17a. Car payments for Vehicle 1  | 17a. \$  | <b>237.00</b>    |
| 17b. Car payments for Vehicle 2  | 17b. \$  | <b>696.00</b>    |
| 17c. Other. Specify: _____   | 17c. \$  | <b>0.00</b>      |
| 17d. Other. Specify: _____   | 17d. \$  | <b>0.00</b>      |
| <b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).</b> |          |                  |
|  | 18. \$   | <b>0.00</b>      |
| <b>19. Other payments you make to support others who do not live with you.</b>   |          |                  |
|  | \$       | <b>300.00</b>    |
| Specify: <b>living expenses for child away at college</b>  |          |                  |
| <b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>   |          |                  |
| 20a. Mortgages on other property   | 20a. \$  | <b>0.00</b>      |
| 20b. Real estate taxes   | 20b. \$  | <b>0.00</b>      |
| 20c. Property, homeowner's, or renter's insurance  | 20c. \$  | <b>0.00</b>      |
| 20d. Maintenance, repair, and upkeep expenses  | 20d. \$  | <b>0.00</b>      |
| 20e. Homeowner's association or condominium dues   | 20e. \$  | <b>0.00</b>      |
| <b>21. Other:</b> Specify: _____   | 21. +\$  | <b>0.00</b>      |
| <b>22. Your monthly expenses.</b> Add lines 4 through 21.<br>The result is your monthly expenses.  |          |                  |
|  | 22. \$   | <b>12,869.26</b> |
| <b>23. Calculate your monthly net income.</b>  |          |                  |
| 23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.   | 23a. \$  | <b>12,876.51</b> |
| 23b. Copy your monthly expenses from line 22 above.  | 23b. -\$ | <b>12,869.26</b> |
| <b>23c. Subtract your monthly expenses from your monthly income.</b><br>The result is your <i>monthly net income</i> .   |          |                  |
|  | 23c. \$  | <b>7.25</b>      |

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**  
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain:

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Joel C Hanson**  
**Suzanne M Hanson**

Debtor(s)

Case No.

Chapter

7

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 26 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date September 9, 2015

Signature /s/ Joel C Hanson

**Joel C Hanson**

Debtor

Date September 9, 2015

Signature /s/ Suzanne M Hanson

**Suzanne M Hanson**

Joint Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

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**United States Bankruptcy Court**  
**Northern District of Illinois**

In re Joel C Hanson  
Suzanne M Hanson

Debtor(s)

Case No. \_\_\_\_\_

Chapter 7

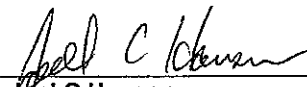
**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 26 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

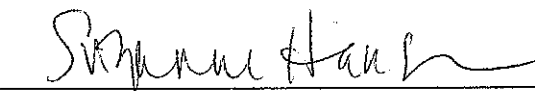
Date September 9, 2015

Signature

  
Joel C Hanson  
Debtor

Date September 9, 2015

Signature

  
Suzanne M Hanson  
Joint Debtor

*Penalty for making a false statement or concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (04/13)

**United States Bankruptcy Court  
Northern District of Illinois**

In re **Joel C Hanson  
Suzanne M Hanson**

Debtor(s)

Case No.

Chapter

**7**

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

**1. Income from employment or operation of business**

None

☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT  
**\$131,811.00**

SOURCE  
**2015, year-to-date:**

**H - Thompson Reuters \$50,114  
Open Peak \$56,320  
W - Suzanne Hanson LTD Salary \$11,000; Shareholder Distribution \$14,377**

**\$249,613.00**

**2014:**

**H - Open Peak  
W - Suzanne Hanson LTD Salary + Shareholder Distribution**

**\$281,605.00**

**2013:**

**H - Open Peak  
W - Suzanne Hanson LTD Salary + Shareholder Distribution**

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## 2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

## 3. Payments to creditors

None ☒ **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS  
OF CREDITOR

DATES OF  
PAYMENTS

AMOUNT PAID

AMOUNT STILL  
OWING

None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF  
PAYMENTS/  
TRANSFERS

AMOUNT  
PAID OR  
VALUE OF  
TRANSFERS

AMOUNT STILL  
OWING

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND  
RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL  
OWING

## 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT  
AND CASE NUMBER

**Wells Fargo Financial National Bank v. Joel  
Hanson  
2012-SR-2039**

NATURE OF  
PROCEEDING

**Complaint for  
unpaid credit  
card debt \$7,328**

COURT OR AGENCY  
AND LOCATION

**18th Judicial Circuit  
Dupage County  
Wheaton, IL 60187**

STATUS OR  
DISPOSITION

**First  
appearance  
set for  
September  
27, 2012**

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



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- None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF PERSON FOR WHOSE<br>BENEFIT PROPERTY WAS SEIZED | DATE OF SEIZURE | DESCRIPTION AND VALUE OF<br>PROPERTY |
|---|-----------------|--------------------------------------|
|---|-----------------|--------------------------------------|

#### 5. Repossessions, foreclosures and returns

- None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF<br>CREDITOR OR SELLER | DATE OF REPOSSESSION,<br>FORECLOSURE SALE,<br>TRANSFER OR RETURN | DESCRIPTION AND VALUE OF<br>PROPERTY |
|---|--|--------------------------------------|
|---|--|--------------------------------------|

#### 6. Assignments and receiverships

- None ☐ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF ASSIGNEE | DATE OF<br>ASSIGNMENT | TERMS OF ASSIGNMENT OR SETTLEMENT |
|------------------------------|-----------------------|-----------------------------------|
|------------------------------|-----------------------|-----------------------------------|

- None ☐ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS<br>OF CUSTODIAN | NAME AND LOCATION<br>OF COURT<br>CASE TITLE & NUMBER | DATE OF<br>ORDER | DESCRIPTION AND VALUE OF<br>PROPERTY |
|----------------------------------|--|------------------|--------------------------------------|
|----------------------------------|--|------------------|--------------------------------------|

#### 7. Gifts

- None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF<br>PERSON OR ORGANIZATION | RELATIONSHIP TO<br>DEBTOR, IF ANY | DATE OF GIFT | DESCRIPTION AND<br>VALUE OF GIFT |
|---|-----------------------------------|--------------|----------------------------------|
|---|-----------------------------------|--------------|----------------------------------|

#### 8. Losses

- None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| DESCRIPTION AND VALUE<br>OF PROPERTY | DESCRIPTION OF CIRCUMSTANCES AND, IF<br>LOSS WAS COVERED IN WHOLE OR IN PART<br>BY INSURANCE, GIVE PARTICULARS | DATE OF LOSS |
|--------------------------------------|--|--------------|
|--------------------------------------|--|--------------|

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### 9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS<br>OF PAYEE  | DATE OF PAYMENT,<br>NAME OF PAYER IF OTHER<br>THAN DEBTOR | AMOUNT OF MONEY<br>OR DESCRIPTION AND VALUE<br>OF PROPERTY  |
|---|---|---|
| <b>Derrick B. Hager, PC<br/>Attorney at Law<br/>1525 Kautz Rd. Suite 400<br/>West Chicago, IL 60185</b> | <b>September 8, 2015</b>                                  | <b>court filing fee \$335<br/>credit report \$53<br/>attorney fees \$1500<br/><br/>credit counseling (paid direct<br/>to provider) \$15</b> |

### 10. Other transfers

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF TRANSFEREE,<br>RELATIONSHIP TO DEBTOR   | DATE | DESCRIBE PROPERTY TRANSFERRED<br>AND VALUE RECEIVED |
|---|------|---|
| None <input checked="" type="checkbox"/> b. List all property transferred by the debtor within <b>ten years</b> immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary. |      |   |

| NAME OF TRUST OR OTHER<br>DEVICE | DATE(S) OF<br>TRANSFER(S) | AMOUNT OF MONEY OR DESCRIPTION AND<br>VALUE OF PROPERTY OR DEBTOR'S INTEREST<br>IN PROPERTY |
|----------------------------------|---------------------------|---|
|                                  |                           |   |

### 11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF INSTITUTION | TYPE OF ACCOUNT, LAST FOUR<br>DIGITS OF ACCOUNT NUMBER,<br>AND AMOUNT OF FINAL BALANCE | AMOUNT AND DATE OF SALE<br>OR CLOSING |
|---------------------------------|--|---------------------------------------|
|                                 |  |                                       |

### 12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

| NAME AND ADDRESS OF BANK<br>OR OTHER DEPOSITORY | NAMES AND ADDRESSES<br>OF THOSE WITH ACCESS<br>TO BOX OR DEPOSITORY | DESCRIPTION<br>OF CONTENTS | DATE OF TRANSFER OR<br>SURRENDER, IF ANY |
|---|---|----------------------------|--|
|   |   |                            |  |

### 13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

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|                              |                |                  |
|------------------------------|----------------|------------------|
| NAME AND ADDRESS OF CREDITOR | DATE OF SETOFF | AMOUNT OF SETOFF |
|------------------------------|----------------|------------------|

**14. Property held for another person**

None ☐ List all property owned by another person that the debtor holds or controls.

|                           |                                   |                      |
|---------------------------|-----------------------------------|----------------------|
| NAME AND ADDRESS OF OWNER | DESCRIPTION AND VALUE OF PROPERTY | LOCATION OF PROPERTY |
|---------------------------|-----------------------------------|----------------------|

**15. Prior address of debtor**

None ☐ If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

|         |           |                    |
|---------|-----------|--------------------|
| ADDRESS | NAME USED | DATES OF OCCUPANCY |
|---------|-----------|--------------------|

**16. Spouses and Former Spouses**

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

|                       |                                       |                |                   |
|-----------------------|---------------------------------------|----------------|-------------------|
| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|-----------------------|---------------------------------------|----------------|-------------------|

None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

|                       |                                       |                |                   |
|-----------------------|---------------------------------------|----------------|-------------------|
| SITE NAME AND ADDRESS | NAME AND ADDRESS OF GOVERNMENTAL UNIT | DATE OF NOTICE | ENVIRONMENTAL LAW |
|-----------------------|---------------------------------------|----------------|-------------------|

None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

|                                       |               |                       |
|---------------------------------------|---------------|-----------------------|
| NAME AND ADDRESS OF GOVERNMENTAL UNIT | DOCKET NUMBER | STATUS OR DISPOSITION |
|---------------------------------------|---------------|-----------------------|

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### 18. Nature, location and name of business

None

☐

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

| NAME                    | LAST FOUR DIGITS OF<br>SOCIAL-SECURITY OR<br>OTHER INDIVIDUAL<br>TAXPAYER-I.D. NO.<br>(ITIN)/ COMPLETE EIN | ADDRESS                                 | NATURE OF BUSINESS    | BEGINNING AND<br>ENDING DATES |
|-------------------------|--|---|-----------------------|-------------------------------|
| Suzanne Hanson,<br>Ltd. | 9792   | 552 Wilson Ave.<br>Glen Ellyn, IL 60137 | Developmental Thearpy | 9/27/12 to present            |

None

☒

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME

ADDRESS

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

### 19. Books, records and financial statements

None

☒

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

None

☒

b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME

ADDRESS

DATES SERVICES RENDERED

None

☒

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

None

☒

d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

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## 20. Inventories

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

| DATE OF INVENTORY | INVENTORY SUPERVISOR | DOLLAR AMOUNT OF INVENTORY<br>(Specify cost, market or other basis) |
|-------------------|----------------------|---|
|-------------------|----------------------|---|

- None ☐ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

| DATE OF INVENTORY | NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY<br>RECORDS |
|-------------------|---|
|-------------------|---|

## 21. Current Partners, Officers, Directors and Shareholders

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

| NAME AND ADDRESS | NATURE OF INTEREST | PERCENTAGE OF INTEREST |
|------------------|--------------------|------------------------|
|------------------|--------------------|------------------------|

- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

| NAME AND ADDRESS | TITLE | NATURE AND PERCENTAGE<br>OF STOCK OWNERSHIP |
|------------------|-------|---|
|------------------|-------|---|

## 22. Former partners, officers, directors and shareholders

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

| NAME | ADDRESS | DATE OF WITHDRAWAL |
|------|---------|--------------------|
|------|---------|--------------------|

- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

| NAME AND ADDRESS | TITLE | DATE OF TERMINATION |
|------------------|-------|---------------------|
|------------------|-------|---------------------|

## 23. Withdrawals from a partnership or distributions by a corporation

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

| NAME & ADDRESS<br>OF RECIPIENT,<br>RELATIONSHIP TO DEBTOR | DATE AND PURPOSE<br>OF WITHDRAWAL | AMOUNT OF MONEY<br>OR DESCRIPTION AND<br>VALUE OF PROPERTY |
|---|-----------------------------------|--|
|---|-----------------------------------|--|

## 24. Tax Consolidation Group.

- None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

| NAME OF PARENT CORPORATION | TAXPAYER IDENTIFICATION NUMBER (EIN) |
|----------------------------|--------------------------------------|
|----------------------------|--------------------------------------|

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**25. Pension Funds.**

None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \*

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date September 9, 2015

Signature /s/ Joel C Hanson  
**Joel C Hanson**  
Debtor

Date September 9, 2015

Signature /s/ Suzanne M Hanson  
**Suzanne M Hanson**  
Joint Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

B7 (Official Form 7) (04/13)

8

**25. Pension Funds.**

None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within six years immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

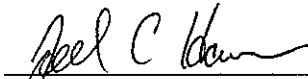
\* \* \* \* \*

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

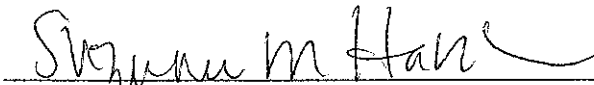
Date September 9, 2015

Signature

  
Joel C Hanson  
Debtor

Date September 9, 2015

Signature

  
Suzanne M Hanson  
Joint Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

B8 (Form 8) (12/08)

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Joel C Hanson**  
**Suzanne M Hanson**

Debtor(s)

Case No.

Chapter

**7**

**CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION**

**PART A** - Debts secured by property of the estate. (Part A must be fully completed for **EACH** debt which is secured by property of the estate. Attach additional pages if necessary.)

|  |  |
|--|--|
| Property No. 1   |  |
| <b>Creditor's Name:</b><br><b>Ford Motor Credit Corporation</b>  | <b>Describe Property Securing Debt:</b><br><b>2014 Ford Explorer</b> |
| Property will be (check one):<br><input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained   |  |
| If retaining the property, I intend to (check at least one):<br><input type="checkbox"/> Redeem the property<br><input checked="" type="checkbox"/> Reaffirm the debt<br><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). |  |
| Property is (check one):<br><input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt   |  |

|  |  |
|--|--|
| Property No. 2   |  |
| <b>Creditor's Name:</b><br><b>Ocwen Loan Servicing, LLC</b>  | <b>Describe Property Securing Debt:</b><br><b>552 Wilson Ave.</b><br><b>Glen Ellyn, IL 60137</b><br><br><b>FMV based on zillow.com (9/15/12)</b> |
| Property will be (check one):<br><input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained   |  |
| If retaining the property, I intend to (check at least one):<br><input type="checkbox"/> Redeem the property<br><input checked="" type="checkbox"/> Reaffirm the debt<br><input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). |  |
| Property is (check one):<br><input checked="" type="checkbox"/> Claimed as Exempt <input type="checkbox"/> Not claimed as exempt   |  |



**PART B** - Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

|   |   |  |
|---|---|--|
| Property No. 1  |   |  |
| <b>Lessor's Name:</b><br>Ford Motor Credit Corp Lease | <b>Describe Leased Property:</b><br>2016 Ford Fusion<br><br>\$237 per month for 36 months | Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2):<br><input checked="checked" type="checkbox"/> YES <input type="checkbox"/> NO |

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date September 9, 2015

Signature /s/ Joel C Hanson  
Joel C Hanson  
Debtor

Date September 9, 2015

Signature /s/ Suzanne M Hanson  
Suzanne M Hanson  
Joint Debtor


B8 (Form 8) (12/08)

Page 2

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

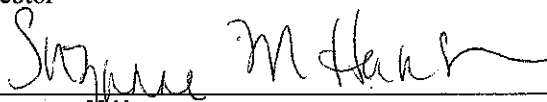
Date September 9, 2015

Signature

  
Joel C Hanson  
Debtor

Date September 9, 2015

Signature

  
Suzanne M Hanson  
Joint Debtor

United States Bankruptcy Court  
Northern District of Illinois

In re **Joel C Hanson**  
**Suzanne M Hanson**

Debtor(s)

Case No.

Chapter **7**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

|   |    |                 |
|---|----|-----------------|
| For legal services, I have agreed to accept .....           | \$ | <b>1,500.00</b> |
| Prior to the filing of this statement I have received ..... | \$ | <b>1,500.00</b> |
| Balance Due .....   | \$ | <b>0.00</b>     |

2. \$ **335.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

4. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

Dated: **September 9, 2015**

**/s/ Derrick B. Hager**

**Derrick B. Hager 6286310**

**Derrick b. Hager, P.C.**

**1525 Kautz Rd.**

**Suite 400**

**West Chicago, IL 60185**

**630-587-7490 Fax: 630-587-7493**

**dirkhager@sbcglobal.net**

## Chapter 7 Consumer Bankruptcy Retainer Agreement for Legal Services

I/We the undersigned, Joel & Suzanne Hanson, (hereinafter the "CLIENT(s)") retain the law firm (herein after "THE FIRM") of Derrick B. Hager, Attorney at Law, (hereinafter the "ATTORNEY") for the purpose of performing legal services related to the filing of a petition in Bankruptcy under Chapter 7 of the United States Bankruptcy Code. The terms and conditions of the representation for legal services as set forth below contains the whole agreement between the Parties relating to the transactions contemplated by this Agreement and supersedes all previous understandings and agreements between the Parties relating to these transactions. Each Party acknowledges that, in agreeing to enter into this Agreement, it has not relied on any representation, warranty, collateral contract or other assurance (except those set out in this Agreement and any documents referred to in it) made by or on behalf of any other Party or any other person whatsoever before the execution of this Agreement. Each Party waives all rights and remedies which, but for this Clause, might otherwise be available to it in respect of any such representation, warranty, collateral contract or other assurance, provided that nothing in this Clause shall limit or exclude any liability for willful misconduct or fraud.

## 1. TOTAL FEES AND COSTS.

The total fees and costs of this representation for legal services is \$ 1888.<sup>00</sup>. This total amount consists of:

\$ 1500.<sup>00</sup> in attorney fees; \$ 1500.<sup>00</sup> for performance of legal services related to the filing of a petition in Bankruptcy under Chapter 7 of the Bankruptcy Code, including but not limited to, the drafting, preparation, analyzing and finalization of all required documents, statements, schedules and statements of financial affairs, plus, if applicable, an additional \$ 0 for legal services related to the drafting, preparation and filing of a motion(s) to avoid a judicial lien(s) and related court appearance;

\$ 335.<sup>00</sup> in court filing fees;

\$ 53.<sup>00</sup> for a credit report;

\$ 1888.<sup>00</sup> for tax transcripts, and;

The cost for Credit Counseling/Debtor Education fees and/or third-party records search and verification services as applicable (i.e. paid comparative market analysis services, real estate or personal property appraisals, title searches, lien searches, etc.) are either billed separately or are paid directly to the particular service provider.

## PRE PETITION PAYMENT UNDERSTANDING.

CLIENT(s) hereby understands that THE FIRM will not perform any of the above described services until the fees are paid in full; thereafter the petition in Bankruptcy under Chapter 7 of the Bankruptcy Code will be filed as soon as practicably possible (Attorney reserves the privilege to hold the petition for actual filing until either he has at least three other similar petitions ready to file or the next calendar Saturday, whichever occurs first in time, in order to maximize efficient use of the Attorney's time and minimize expense to the Client).

THE ABOVE-DISCLOSED FEES AND COSTS DO NOT INCLUDE THE FOLLOWING SERVICE(S): Under Bankruptcy law, representation of the debtors in any dischargeability actions, judicial lien avoidances that come to the attention of the Attorney after the filing of the petition, relief from stay actions or any other adversary proceeding; any non-bankruptcy related services, including but not limited to, assistance and advice regarding mortgage loan modifications, home owner's association disputes of any type or nature, disputes with utility companies regarding security deposits and/or shut-offs, and any other state law related matters.

## 2. ADDITIONAL FEES AND COSTS WHICH MAY BE REQUIRED ON A PER INCIDENT BASIS.

CLIENT(s) hereby acknowledges and understands that the above described "TOTAL FEES AND COSTS" are exclusive of the following additional fees and costs which will be assessed on a per incident basis:

A. THE FIRM prefers that you NOT refer creditors and collection contacts to THE FIRM until after the petition in bankruptcy has been filed and a case number is assigned. Creditors who are otherwise prohibited from continuing their collection efforts after a case is actually filed and a case number is assigned, are NOT PROHIBITED FROM CONTINUING THEIR COLLECTION EFFORTS JUST BECAUSE YOU HAVE RETAINED AN ATTORNEY FOR THAT PURPOSE. If you decide to provide creditors or others trying to collect a debt from you with the contact information of THE FIRM, THE FIRM reserves the right to bill you Twenty-Five Dollars (\$25.00) for each collection call we are made to field and respond to.

B. THE FIRM strongly encourages CLIENT(s) to provide a complete list of all creditors (including the creditors' names, addresses, telephone numbers, account number and current balance owing) BEFORE the petition in bankruptcy is filed. Purposely leaving a 1525KAUTZ RD., SUITE 400, WEST CHICAGO, IL 60185 \* (630) 587-7490 FAX (630) 587-7493.

known creditor off the list of creditors is considered bankruptcy fraud and may result in the denial of discharge of the debt owed to that creditor, denial of discharge of all of your debt and/or up to five (5) years in prison. Inadvertent omission of a creditor or creditors can be resolved by amendment to an existing petition in bankruptcy but may require additional fees and costs. THE FIRM reserves the right to bill you Fifty-Dollars (\$50.00) to add EACH omitted creditor to your bankruptcy case; plus any actual paper, copying and postage fees incurred.

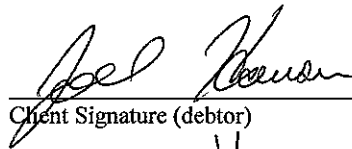
3. PRE-PETITION CREDIT COUNSELING. The CLIENT acknowledges that he/she is required under the Bankruptcy Code to participate in an approved pre-petition credit counseling course and that he/she must obtain a certificate of completion of said course within 180 days of filing for bankruptcy before his/her case will be allowed to proceed. Unless provided for in paragraph one above, the cost related to participation in the credit counseling course is the responsibility of the CLIENT and is a separate cost not included in the fees and costs described in paragraph one.
4. PRE-DISCHARGE DEBTOR EDUCATION. The CLIENT acknowledges that he/she is required under the Bankruptcy Code to participate in an approved pre-discharge debtor education course and that he/she must obtain a certificate of completion of said course and provide such to the Court no later than 45 days following the First Meeting of the Creditors. Unless provided for in paragraph one above, the cost related to participation in the debtor education course is the responsibility of the CLIENT and is a separate cost not included in the fees and costs described in paragraph one. The CLIENT further acknowledges that FAILURE TO SIT FOR THE COURSE AND OBTAIN AND PROVIDE TO THE COURT THE CERTIFICATE OF COMPLETION WITHIN 45 DAYS OF THE FIRST MEETING OF THE CREDITORS MAY RESULT IN A DENIAL OF DISCHARGE IN HIS/HER CASE AND MAY RESULT IN A BAR FROM FILING FOR BANKRUPTCY PROTECTION AGAIN FOR AS MANY AS EIGHT YEARS.
5. CLIENT shall provide to the ATTORNEY all requested records and documents within 48 hours of such requests and will obtain written verification of authenticity of those records and documents as deemed necessary. CLIENT acknowledges that he/she is responsible for physically coming into possession of requested records and documents and does so at his/her own expense, if any.
6. ATTORNEY will actively negotiate with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 U.S.C §522(f)(2)(A) for avoidance of liens on household goods; and prepare and file all required documents and schedules in accordance with the Bankruptcy Code and local rules of the Federal District Court. The above disclosed fee DOES NOT INCLUDE representation of the CLIENT in any dischargeability actions, judicial lien avoidance, relief from stay actions or any other adversary proceeding.
7. CLIENT will inform THE FIRM of any changes to the CLIENT's address or telephone or e-mail address with the understanding that failure to do so may constitute failure under this contract.
8. CLIENT agrees to inform THE FIRM of any difficulties CLIENT may have in complying with the Retainer Agreement and that this Retainer Agreement may not be altered, changed or amended without mutual agreement and approval by THE FIRM in writing.
9. CLIENT has the right to terminate employment of THE FIRM at any time but such termination will not alter any rights or duties under the Retainer Agreement and such termination does not reduce the amount owed to THE FIRM or constitute grounds for any refund of monies paid except by agreement in writing.
10. CLIENT understands that any default under paragraphs 1, 2, 5, 7 and 8 OR should the CLIENT fail to fully cooperate with THE FIRM, or fail to provide accurate and complete information to THE FIRM or any Trustee, Judge, creditor or other claimant or any other entity at any time during THE FIRM's representation of CLIENT either before or after the filing of the petition in bankruptcy, such default or failure may result in the withdrawal by THE FIRM but such withdrawal will not alter any of the CLIENT's obligations under this Retainer Agreement and such withdrawal does not reduce the amount owing to THE FIRM except by agreement in writing and does not entitle the CLIENT to any refund of any fees and costs paid for such services.
11. CLIENT understands that from time to time an attorney from THE FIRM may be unavailable to appear in court or at other proceedings on CLIENT's behalf and hereby agrees that another attorney may be designated by THE FIRM to substitute for one of THE FIRM's attorney at such court or other proceeding.
12. REFUND OF MONIES PAID. All monies paid to the ATTORNEY become the property of THE FIRM and are not subject to refund upon demand. No refunds will be made under any circumstances after 120 days from the date of this Retainer Agreement. If a request for refund is made within 120 days of the date of this Retainer Agreement, all refunds, if any, will be reduced for services rendered and costs advanced to date, including but not limited to a minimum Fifty-Dollars (\$50.00) per calendar-month file maintenance and security fee.
13. Any provision of this Retainer Agreement which may be adjudicated to be unlawful or invalid by a court of law or becomes unlawful or invalid by operation of law or legislation, shall thereafter become null and void, but all other provisions of this Retainer Agreement shall continue in full force and effect.
14. CLIENT agrees that CLIENT is responsible for all costs of collection, including all court costs and reasonable attorney fees incurred by THE FIRM in the collection of any sums due hereunder.

15. The PETITION IN BANKRUPTCY filed on behalf of the above named and below signed CLIENT(S)/DEBTOR(S) is incorporated into this document by reference.
16. POST-DISCHARGE LEGAL ADVICE AND ASSISTANCE. Derrick B. Hager, P.C., THE FIRM, is available to CLIENTS for future legal needs and concerns and/or referrals to colleagues with expertise in a particular area of law. By signing this retainer agreement CLIENT acknowledges and accepts that once their bankruptcy case is discharged, future requests for legal advice or assistance will be billed at \$300.00 per hour with a minimum of one-quarter hour per incident / phone call / return phone call; or actual time spent, whichever is greater. In person appointments will be billed for actual time spent with a minimum of one-half hour, whichever is greater.
17. The undersigned have voluntarily entered into this Retainer Agreement, consisting of three (3) pages (including the signature page) and by the undersigned's signature(s) below agree to all the obligations, rights and duties herein.

Dated this 31st day of August, 2015

Agreed and Signed:

  
Attorney, Derrick B. Hager

  
Client Signature (debtor)

Joel Hanson  
Client Name Printed (debtor)

\_\_\_\_\_  
Client Signature (co-debtor)

\_\_\_\_\_  
Client Name Printed (co-debtor)

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

**1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

**2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

**Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)**

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

**Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)**

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over

a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

**Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

**Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

**3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at [http://www.uscourts.gov/bkforms/bankruptcy\\_forms.html#procedure](http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure).



B 201B (Form 201B) (12/09)

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re **Joel C Hanson**  
**Suzanne M Hanson**

Debtor(s)

Case No.

Chapter

**7**

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)**  
**UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certification of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

**Joel C Hanson**  
**Suzanne M Hanson**

Printed Name(s) of Debtor(s)

X **/s/ Joel C Hanson**

Signature of Debtor

**September 9, 2015**

Date

Case No. (if known)

X **/s/ Suzanne M Hanson**

Signature of Joint Debtor (if any)

**September 9, 2015**

Date

---

**Instructions:** Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

B 201B (Form 201B) (12/09)

**United States Bankruptcy Court**  
**Northern District of Illinois**

In re Joel C Hanson  
Suzanne M Hanson

Debtor(s)

Case No.

Chapter

7

**CERTIFICATION OF NOTICE TO CONSUMER DEBTOR(S)**  
**UNDER § 342(b) OF THE BANKRUPTCY CODE**

**Certification of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

Joel C Hanson  
Suzanne M Hanson

Printed Name(s) of Debtor(s)

Case No. (if known) \_\_\_\_\_

X

Joel C Hanson  
Signature of Debtor

September 9, 2015

Date

X

Suzanne M Hanson  
Signature of Joint Debtor (if any)

September 9, 2015

Date

**Instructions:** Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

**United States Bankruptcy Court  
Northern District of Illinois**

In re Joel C Hanson  
Suzanne M Hanson Debtor(s) Case No. \_\_\_\_\_  
Chapter 7

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: 54

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: September 9, 2015 /s/ Joel C Hanson  
Joel C Hanson  
Signature of Debtor

Date: September 9, 2015 /s/ Suzanne M Hanson  
Suzanne M Hanson  
Signature of Debtor

**United States Bankruptcy Court  
Northern District of Illinois**

In re Joel C Hanson  
Suzanne M Hanson

Debtor(s)

Case No. \_\_\_\_\_  
Chapter 7

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors: 54

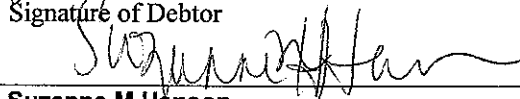
The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: September 9, 2015



Joel C Hanson  
Signature of Debtor

Date: September 9, 2015



Suzanne M Hanson  
Signature of Debtor

Alliance Clinical Associates  
7 Blanchard Cir Ste 201  
Wheaton, IL 60187

American Express Centurion Bank  
c/o Becket & Lee LLP  
PO Box 3001  
Malvern, PA 19355-0701

American General Financial/Springleaf Fi  
Springleaf Financial/Attn: Bankruptcy De  
Po Box 3251  
Evansville, IN 47731

Associates in Gynecology  
1604 North Main Street  
Wheaton, IL 60187

Cach LLC / Square Two Financial  
4340 South Monaco St. 2nd floor  
Denver, CO 80237

Cadence Health  
25 North Winfield Rd.  
Winfield, IL 60190

Capital One  
Attn: Bankruptcy  
Po Box 30285  
Salt Lake City, UT 84130

Central DuPage Emergency PHYS  
PO Box 366  
Hinsdale, IL 60522

Chase  
PO Box 15298  
Wilmington, DE 19850-5298

Citibank Sd, Na  
Attn: Centralized Bankruptcy  
Po Box 20363  
Kansas City, MO 64195

Com Bk Wheaton  
357 W. Roosevelt Rd.  
Glen Ellyn, IL 60137

Comenity Bank/Ann Taylor  
Attention: Bankruptcy  
Po Box 182686  
Columbus, OH 43218

Comenity/Crate & Barrell  
Attention: Bankruptcy  
Po Box 182686  
Columbus, OH 43218

Credit First/CFNA  
Bk13 Credit Operations  
Po Box 818011  
Cleveland, OH 44181

Credit One Bank  
PO Box 98873  
Las Vegas, NV 89193

Dennis Boyer DDS  
620 West Roosevelt Rd., #D2  
Wheaton, IL 60187

DuPage Medical Group  
15921 Collections Center Dr  
Chicago, IL 60693

Edward Hospital  
PO Box 4207  
Carol Stream, IL 60197-4207

Ford Motor Credit Corp Lease  
Cab West LLC (Joe Cotton Ford)  
175 W. North Ave.  
Carol Stream, IL 60188

Ford Motor Credit Corporation  
Ford Motor Credit  
Po Box 6275  
Dearborn, MI 48121

GC Services  
6330 Gulfton Ave  
Houston, TX 77081

Homeprjvisa  
PO Box 94498  
Las Vegas, NV 89193

Illinois Department of Revenue  
Bankruptcy Section  
PO Box 64338  
Chicago, IL 60664-0338

Internal Revenue Service (1/1/11)  
PO Box 7346  
Philadelphia, PA 19101-7346

Jefferson Capital Systems LLC  
PO Box 7999  
Saint Cloud, MN 56302-9617

Joseph R. Wells DDS  
416 E. Roosevelt Rd. Suite 100  
Wheaton, IL 60187

Kohls/capone  
N56 W 17000 Ridgewood Dr  
Menomonee Falls, WI 53051

Lending Club Corp  
71 Stevenson St Ste 300  
San Francisco, CA 94105

LVNV Funding LLC  
Resurgent Capital Services  
PO Box 10587  
Greenville, SC 29603-0587

M3 Financial Services, Inc.  
PO Box 7230  
Westchester, IL 60154

Marc Anderson  
55 E. Loop Dr. Suite 203  
Wheaton, IL 60189-3878

Med Business Bureau  
Po Box 1219  
Park Ridge, IL 60068

Merchants' Credit Guide Co.  
223 W. Jackson Blvd.  
Chicago, IL 60606

Midwest ENT Consultants  
0N025 Winfield Rd. ste 519  
Winfield, IL 60190

Midwest Orthopaedics at Rush, LLC  
1 Westbrook Corporate Center  
Suite 240  
Westchester, IL 60154

Nationwide Credit & Co  
815 Commerce Dr Ste 100  
Oak Brook, IL 60523

Nationwide Credit, INC  
P.O. BOX 26313  
Lehigh Valley, PA 18002

NCO Financial Systems  
507 Prudential Road  
Horsham, PA 19044

Nordstrom FSB  
Attention: Account Services  
Po Box 6566  
Englewood, CO 80155

Nordstrom FSB Love Loft  
Attention: Account Services  
Po Box 6566  
Englewood, CO 80155

OBS, LLC  
8420 W. Bryn Mawr Ave. Suite 300  
Chicago, IL 60631



Ocwen Loan Servicing, LLC  
1661 Worthington Rd. Suite 100  
West Palm Beach, FL 33409

PayPal Credit  
PO Box 5138  
Lutherville Timonium, MD 21094

Portfolio Recovery Associates  
PO Box 41067  
Norfolk, VA 23541

PRA Receivables Management  
PO Box 41067  
Norfolk, VA 23541

Rush University Medical Group  
75 Remittance Dr. Suite 1611  
Chicago, IL 60675-1611

Shell Oil / CitiBank  
PO Box 20507  
Kansas City, MO 64195

State Collection Services Inc  
2509 S. Stoughton Rd.  
Madison, WI 53716

University of Chicago Medical Center  
15965 Collections Center Drive  
Chicago, IL 60693

University of Chicago Phys Group  
75 Remittance Dr. Suite 1385  
Chicago, IL 60675-1385

US Dept Of Ed/gleisi  
PO Box 7860  
Madison, WI 53707

Wells Fargo NA  
PO Box 10438  
Des Moines, IA 50306-0438

West Willow Family Dental  
300 S. West St.  
Wheaton, IL 60187

Wheaton Eye Clinic  
2015 North Main St.  
Wheaton, IL 60187